

# Documenting Payments in WITS from Private Pay Entities (EOB Transactions) With and Without Adjustments

This guidance assumes the payment (Estimate of Benefit) from the insurer has been received by the agency outside of WITS.

## Locate Payment from Insurer

1. **Getting here:** Login, select the Facility, select Agency, Billing, and Payment List on the Navigation Pane (left menu).
2. Click Profile in the Actions column for the Payor Plan (insurer).
3. Click Apply Payment in the Administrative Actions box.

Idaho-WITS Training

User: Linder, Carissa, WA | Location: A Managed Service Contractor, MSC Contractor Office

Home Page | Agency Contacts | Agency | Agency List | GPRA Discharge Due | GPRA Followup Due | Facility List | Staff List | Tx Team Groups | System Usage | Client Survey | Drug Screening | Billing | Invoicing | Claim Item List | Claim Batch List | Encounter List | EOB Transaction List | **Payment List** | Payment Profile | Billing Transaction List | Client Balance | Cost Center

Payment Search

Payor Plan: [Dropdown] First Name: [Text] Last Name: [Text]  
 Post # [Text] Posted Date: [Text] Reference: [Text]  
 Payment Amount: [Text] Unapplied Amount: [Text]  
 Contractor: [Dropdown]

Clear Go

Payment List (Export) Add Contract Payment Add Client Payment Add Plan Payment

Actions	Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For	Created By
Total Payment \$0.00							

Payment List (Export) Add Contract Payment Add Client Pay

Actions	Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For
	329	Blue Shield of ID (Regence), PO Box 31003, Salt Lake City, UT 84131	10/27/2014	\$10.00	\$10.00	
	328	Lad, Chad	10/27/2014	\$10.00	\$10.00	
	327	Blue Shield of ID (Regence), PO Box 31003, Salt Lake City, UT 84131	10/27/2014	\$15.00	\$15.00	
	326	Blue Shield of ID (Regence), PO Box 31003, Salt Lake City, UT 84131	10/27/2014	\$15.00	\$15.00	
	325	Blue Shield of ID (Regence), PO Box 31003, Salt Lake City, UT 84131	10/27/2014	\$10.00	\$10.00	
<b>Profile</b>	325	Blue Shield of ID (Regence), PO Box 31003, Salt Lake City, UT 84131	10/24/2014	\$40.00	\$40.00	
	322	Self Pay 10%	10/15/2014	\$80.00	\$80.00	On Account
	320	A Managed Service Contractor - ATR Train1	10/7/2014	\$12.40	\$0.00	

Payment Profile

Payment # 325 Posted Date 10/27/2014  
 Plan Name Blue Shield of ID (Regence), PO Box Receipt Date 10/27/2014  
 Client Name Created Date 10/27/2014 1:03 PM  
 Transaction Type Payment Created By Williams, Denise  
 Reference Payment Amount \$10.00  
 Comment Unapplied Amount \$10.00  
 Intended For Check/EFT Date

Administrative Actions  
[Show Payment Application](#) [Apply Payment](#)

Cancel Save Finish

**Locate the Claim to Apply EOB**

- 1. Click **Select** in the Actions column for the Individual claim item.
- 2. Click **Select** in the Actions column.

Payment Application Claim Search

Payment # 325

Unapplied Amount \$10.00

Order of Benefits

First Name

Last Name

Member #

Plan Name Blue Shield of ID (Regence), F

Claim Balance >0

Claim #

Charge

Clear

Go

Finish

Payment Application Claim List

Actions	Claim #	Client Name	Member #	Charge	Claim Balance	DOS
	<input type="checkbox"/> 2118	Lad, Chad	456	\$80.00	\$80.00	2014/10/14-2014/10/14
	<input type="checkbox"/> 2119	Lad, Chad	456	\$60.00	\$60.00	2014/10/15-2014/10/15
	<input type="checkbox"/> 2146	Lad, Chad	456	\$240.00	\$240.00	2014/07/14-2014/07/14
	<input type="checkbox"/> 2149	Lad, Chad	456	\$60.00	\$60.00	2014/10/20-2014/10/20
	<input type="checkbox"/> 2150	Lad, Chad	456	\$60.00	\$60.00	2014/10/21-2014/10/21
	<input type="checkbox"/> 2153	Lad, Chad	456	\$60.00	\$60.00	2014/10/23-2014/10/23

Select

1

Payment Application Claim Profile

Payment #: 333

Claim #: 2156

Member #: 456

Plan Name: UT 84131

Client Name: Lad, Chad

Order of Benefits: Primary

Blue Shield of ID (Regence),  
PO Box 31603, Salt Lake City,

Claim Charge Amt: \$60.00

Claim Balance: \$60.00

Unapplied Amt: \$45.00

Payment Application Claim Item List for Claim # 2156

Bill Another Payer

Actions	Item #	Service	Service Date	Charge	Enc Balance
	2787	H0004/59	10/25/2014	\$60.00	\$60.00

Select

Billing History

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## Add the EOB Transaction with an Adjustment

1. Click **Add EOB Transaction**.
2. Enter the following information:
  - Amount
  - Type
  - Reason
  - Comments (optional)
3. Click **Save** and **Finish**.

Payment Application Claim Profile

Blue Shield of ID (Regence),  
PO Box 31603, Salt Lake City,  
Payment #: 333 Plan Name: UT 84131 Claim Charge Amt: \$60.00  
Claim #: 2156 Client Name: Lad, Chad Claim Balance: \$60.00  
Member #: 456 Order of Benefits: Primary Unapplied Amt: \$45.00

Payment Application Claim Item List for Claim # 2156 [Bill Another Payor](#)

Actions	Item #	Service	Service Date	Charge	Enc. Balance	Unpaid Amount
	2787	H0004/59	10/25/2014	\$90.00	\$90.00	\$90.00

**EOB Transactions for Item # 2787** [Add EOB Transaction](#)

Actions	Amount	Type	Reason	Comment	Date

Amount  Type

Reason

Comment

[Finish](#)

Payment Application Claim Profile

Blue Shield of ID (Regence),  
PO Box 31603, Salt Lake City,  
Payment #: 327 Plan Name: UT 84131 Claim Charge Amt: \$60.00  
Claim #: 2149 Client Name: Lad, Chad Claim Balance: \$60.00  
Member #: 456 Order of Benefits: Primary Unapplied Amt: \$15.00

Payment Application Claim Item List for Claim # 2149

Actions	Item #	Service	Service Date	Charge	Enc. Balance	Unpaid Amount
	2779	H0001/HF	10/20/2014	\$60.00	\$60.00	\$60.00

**EOB Transactions for Item # 2779** [Add EOB Transaction](#)

Actions	Amount	Type	Reason	Comment	Date

Amount  Type

Reason

Comment

[Cancel](#) [Save](#) [Finish](#)

## Add EOB Transaction Without an Adjustment

1. Click on **Add EOB Transaction**.
2. Enter the following information:
  - Amount
  - Type
  - Allowed Amount
  - Paid Unit Count
  - Procedure Code
  - Comments (optional)
3. Click **Save** and **Finish**.

Payment Application Claim Profile

Blue Shield of ID (Regence),  
PO Box 31603, Salt Lake City,  
Payment #: 333 Plan Name: UT 84131 Claim Charge Amt: \$60.00  
Claim #: 2156 Client Name: Lad, Chad Claim Balance: \$60.00  
Member #: 456 Order of Benefits: Primary Unapplied Amt: \$45.00

Payment Application Claim Item List for Claim # 2156 [Bill Another Payer](#)

Actions	Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
	2787	H0004/S9	10/25/2014	\$60.00	\$60.00	\$60.00

EOB Transactions for Item # 2787 [Add EOB Transaction](#)

Actions	Amount	Type	Reason	Comment	Date

Amount  Type   
Reason   
Comment

[Finish](#)

Payment Application Claim Profile

Blue Shield of ID (Regence),  
PO Box 31603, Salt Lake City,  
Payment #: 327 Plan Name: UT 84131 Claim Charge Amt: \$90.00  
Claim #: 2149 Client Name: Lad, Chad Claim Balance: \$90.00  
Member #: 456 Order of Benefits: Primary Unapplied Amt: \$15.00

Payment Application Claim Item List for Claim # 2149

Actions	Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
	2779	H0001/HF	10/20/2014	\$90.00	\$90.00	\$90.00

EOB Transactions for Item # 2779 [Add EOB Transaction](#)

Actions	Amount	Type	Reason	Comment	Date

Amount  Type   
Allowed Amount  Paid Unit Count   
Procedure Code   
Procedure Modifier   
Reason   
Comment

[Cancel](#) [Save](#) [Finish](#)